



# CITY AND COUNTY OF DENVER

## DEPARTMENT OF ENVIRONMENTAL HEALTH

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SUPERFUND BRANCH

July 13, 2006

Victor Ketellapper, P.E.  
Project Manager  
U.S. Environmental Protection Agency – Region VIII  
Superfund Program  
999 18th St., Suite 300  
Denver, Colorado 80202-2466

Dear Mr. Ketellapper:

The combined May and June (2006) monthly status reports for the VB/I-70 Community Health Program are appended. As always, please feel free to contact me if you have any questions or would like to modify the content, format, or distribution of future reports.

Sincerely,

Martha F. Hoff, CIH, CSP  
VB/I-70 Community Health Program Administrator

Enclosures (7)

VB/I-70 CHP May and June 2006 Program Activities Report  
VB/I-70 May and June 2006 Steering Committee Report  
VB/I-70 CHP May and June 2006 Arsenic Data and Case Management Subcommittee Report  
VB/I-70 CHP May and June 2006 Biomonitoring Subcommittee Report  
VB/I-70 CHP Lead Data and Case Management Subcommittee Meeting Minutes – May 2006  
VB/I-70 CHP Lead Data and Case Management Subcommittee Meeting Minutes – June 2006  
VB/I-70 CHP May and June 2006 Small Grants and Community Funds Report  
Northeast Denver Housing Report - #2 (June 2006)

cc:

Lorraine Granado – Cross Community Coalition  
Beverly Lumumba, Ph.D. – Clayton Neighborhood Association  
Michael Maes – Swansea Neighborhood  
Gloria A. Shearer – Cole Neighborhood Association  
Akwe Starnes – Whittier Neighborhood Association  
Anthony Thomas – Civic Association of Clayton  
Jim Weaver – Cole Neighborhood Association  
Raquel Holquin – CEASE  
Joan Hooker – Clayton Neighborhood Association

(via email only):

Sandy Douglas – Cole Neighborhood Association  
Celia VanDerLoop – City and County of Denver, Department of Environmental Health  
Alice Luhan – City and County of Denver, Department of Environmental Health  
Gene Hook – City and County of Denver, Department of Environmental Health  
Jason Salas – City and County of Denver, Department of Environmental Health  
Beverly Tafoya-Dominguez – City and County of Denver, Department of Environmental Health  
Jennifer Chergo – U.S. Environmental Protection Agency, Region VIII  
Patricia Courtney – U.S. Environmental Protection Agency, Region VIII  
Jane Mitchell – Colorado Department of Public Health and Environment  
Mishelle Macias – Colorado Department of Public Health and Environment  
Wendy Hawthorne – Northeast Denver Housing Center  
Clementine Pigford – Northeast Denver Housing Center  
Tonya Hope – c/o Northeast Denver Housing Center  
Mark Anderson, M.D. – Denver Health and Hospital Authority/PEHSU  
Chris Poulet – Agency for Toxic Substances and Disease Registry  
George Weber – George Weber Inc. Environmental

**VB/I-70 Community Health Program  
May and June 2006 Status Report  
Program Activities Report**

**May and June Activities and Tasks**

**Health Education and Community Outreach**

**Community Health Workers**

- Continued canvassing activities; canvassing numbers through 06/01/2006 are found at the end of this report.
- Participated in 2006 biomonitoring clinic training.
- Participated in weekly CHP meetings.
- Completed biomonitoring clinic outreach tasks – phone calling and distribution of printed material.

**Program Management, Development, Administration and Community Partnership Management**

- Completed entry of all historical field data; data entry complete up through 6/1/2006.

**Development**

- Developed year three budget and scope of work; sent to EPA for review.

**Administration**

- Received DHHA signed contract amendment; sent to Mayor's Office for signature.
- Continued activities to hire up to eight additional CHWs (approximately 20 hours/week positions) – three new CHWs to be added by late July.
- Developed technician support position scope of work – recruitment to begin in July.
- Relocated community office to Mount Calvary Lutheran Church.
- Completed ID badges for new CHWs.
- Completed invoice reconciliation for year one program invoices.

**Real Estate and Contractor Outreach**

- See real estate and contractor outreach summary at the end of this report.

**Biomonitoring**

- See Biomonitoring Subcommittee May and June report, as submitted.
- Identified and purchased clinic supplies.
- Developed outreach material for 2006 biomonitoring clinics, including door flyers, schedules, and posters.
  - Began development of clinic reminder postcards to notify residents receiving a recent home visit of upcoming clinics.

**Lead and Arsenic Data/Case Management**

- Continued working with DHHA medical/mapping programmer to further develop VB/I-70 lead data maps; specialized annual report formats defined.
- See Arsenic Data and Case Management Subcommittee May and June report, as submitted.
- Lead Data and Case Management Subcommittee meetings were held in May and June; see included notes.

**July Activities and Tasks**

**Health Education and Outreach**

**Community Health Workers**

- Continue with canvassing, home visit evaluation, and data entry tasks.
- Continue biomonitoring outreach tasks – phone calls, schedule distribution, etc.
- Assist with in-home licensed daycare biomonitoring via parent interaction to ensure completion of forms and prevention education.

## **July Activities and Tasks (continued)**

### **Program Management, Development, Administration and Community Partnership**

#### **Management**

- Continue with home visit evaluation project.

#### **Development**

- Design and complete field data reports for annual report.

#### **Administration**

- Complete 2006 second quarter budget report.
- Provide necessary community office and field supplies.

#### **Community Partnership**

- Continue to support community and EPA partnership in obtaining remaining sampling access agreements and in identifying properties not on master list.
- Work with neighborhood youth to distribute clinic flyers and posters.

## **Future Activities and Tasks**

### **Health Education and Outreach**

#### **Community Health Workers**

- As time permits, assist in developing methods to reach mothers with newborns to provide early intervention education; conduct focused “mini” outreach campaign if feasible.
- As time permits, assist in developing “parent-pack” outreach materials.
- Participate in training on second home visit content.

### **Program Management, Development, Administration and Community Partnership**

#### **Management**

- Define additional program outreach methods and audiences, as necessary.
- Evaluate and analyze program data.

#### **Development**

- Finalize second visit materials and conversation pathway.
- Develop methods to reach mothers with newborns – early intervention focus.
- Develop “parent-pack” lead poisoning educational material.
- Develop/print folder and indexed dividers for outreach material.

#### **Administrative**

- Release first program year data and evaluation report.

#### **Community Partnership**

- Develop any new outreach material identified for second home visit with the Outreach Development Group.
- Work with Cross Community Coalition to develop a newsletter article on CHP.

**Residential Canvassing Statistics**  
**Period Ending 06/01/2006**  
**[Jay Salas – DEH]**

<b>Clayton (1456)</b>				
Not Home	Home Visit	Partial Visit	Access Agreement	Total
646	326	474	35	1446

<b>Cole (1389)</b>				
Not Home	Home Visit	Partial Visit	Access Agreement	Total
601	648	56	26	1305

<b>Swansea/Elyria (1501)</b>				
Not Home	Home Visit	Partial Visit	Access Agreement	Total
253	301	63	6	617

<b>Globeville (95)</b>				
Not Home	Home Visit	Partial Visit	Access Agreement	Total
44	26	7	2	77

<b>Curtis Park/5 Points (93)</b>				
Not Home	Home Visit	Partial Visit	Access Agreement	Total
49	32	12	3	93

<b>VB/I-70</b>				
Not Home	Home Visit	Partial Visit	Access Agreement	Total Contacts
<b>1593</b>	<b>1333</b>	<b>612</b>	<b>72</b>	<b>3538</b>

**Definitions**

Not Home – a residence where contact was attempted, but no was at home

Home Visit – a residence where a *complete* home visit has been made

Partial Visit – a residence where a home visit is in process (a home visit not considered complete until all follow-up activity has been completed – phone call, EPA referral, additional information request, etc.)

Access Agreement – a residence where a soil sampling access agreement obtained by the CHW via home visit

Total Contacts – Sum of not home, home visit and partial visit contacts

**Real Estate/Contractor/Vendor Outreach  
May and June 2006 Activity Report  
[Elizabeth Schiffman – DEH]**

**May/June Status Report:**

- Initial mailing to realtors – **COMPLETE** (200 packets sent out)
- Prepare presentation for June working group meeting – **COMPLETE**
- Assemble packet for contractor outreach – **COMPLETE**
- Cover letters and additional materials for outreach packets – **COMPLETE**
- Reconcile invoices from program year 1 – **ONGOING**
- Create posters and flyers for 2006 bio-monitoring season – **COMPLETE**
- Bi-weekly/monthly checks for further realtor mailings – **ONGOING**
- Inventoried and supplied cups/stickers for June clinic - **COMPLETE**

**Tasks for July:**

- Mailing packets to contractors
- Identify housing inspector contacts and assemble packet
- Write articles for publication in late summer/early fall
- Finalize summer outreach plans for mailings, vendor outreach, event table, etc.
- Contact unions – time permitting

**VB/I-70 Community Health Program  
May and June 2006 Status Report  
Steering Committee Report**

<b>Steering Committee</b>	
US EPA Region VIII	Victor Ketellapper
	Patricia Courtney
DEH	Celia VanDerLoop
	Gene Hook
	Jay Salas
	Martha Hoff - <b>chair</b>
ATSDR	Chris Poulet
DHHA/PEHSU	Mark Anderson, MD
CDPHE	Mishelle Macias
	Jane Mitchell
Community	Gloria Shearer

<b>Steering Committee Tasks</b>
<ol style="list-style-type: none"> <li>1. Develop a Memorandum of Agreement (MOA) describing the roles of various agencies, responsibilities, reporting, information flow, and general funding responsibilities. <i>pending agency signatures</i></li> <li>2. Provide regular updates on program activities as required. <i>ongoing</i></li> <li>3. Review, approve, and coordinate planning, reporting, and activities of the program, Steering Committee, and its subcommittees. <i>ongoing</i></li> <li>4. Resolve disputes that arise through the course of the program and issues that are not resolved in subcommittees. <i>as necessary</i></li> <li>5. Identify, develop, and approve needed policies for effective program operation. <i>ongoing</i></li> <li>6. Coordinate between remedy implementation and community health program operations. <i>ongoing</i></li> <li>7. Provide necessary coordination and transfer of program data. <i>ongoing</i></li> <li>8. Provide oversight to the planning, implementation, and evaluation of the program. <i>ongoing</i></li> <li>9. Review program evaluation methods and results; modify program as necessary. <i>ongoing</i></li> </ol>

<b>May and June Activities and Tasks</b>
The Steering Committee did not meeting during May or June, 2006.
<b>July Activities and Tasks</b>
Continue work on annual evaluation reports. The next meeting is scheduled for August 2, 2006
<b>Future Activities and Tasks</b>
Release annual data and program evaluation reports.

**VB/I-70 Community Health Program  
May/June 2006 Status Report  
Subcommittee Report**

<b>Arsenic Data and Case Management Subcommittee</b>	
US EPA Region VIII	Wendy O'Brien or alternate
DEH	Gene Hook
CDPHE	Jane Mitchell - <b>chair</b>

<b>Arsenic Data and Case Management Subcommittee Tasks</b>
<ol style="list-style-type: none"> <li>1. Identify and select preferred reporting methods and format for arsenic data. [<b>Complete</b>]</li> <li>2. Develop a quality assurance and quality control plan for arsenic data management. [<b>Complete</b>]</li> <li>3. Develop a secure database system to assist with arsenic data management, reporting, and tracking. [<b>Complete</b>]</li> <li>4. Develop acceptable case tracking protocols. [<b>Complete</b>]</li> <li>5. Develop case coordination protocols. [<b>Complete</b>]</li> <li>6. Identify appropriate trigger levels for case management and case coordination. [<b>Complete</b>]</li> <li>7. Develop evaluation and reporting mechanisms, and schedule for arsenic data and case management issues. [<b>In progress</b>]</li> <li>8. Report to the Steering Committee on progress, status, and issues requiring resolution. [<b>On-going</b>]</li> </ol>

<b>May/June 2006 Activities and Tasks</b>
Staff completed database entry for families receiving arsenic tests. Five urine samples and six hair samples were collected and sent to the contract lab. Lab results have been received for all but 3 samples. No elevated results have been reported.
<b>July 2006 Activities and Tasks</b>
Continue to contact targeted high arsenic properties (soil not removed; young children in the home) to offer in-home testing. Send result letters to all participants. Respond to questions from families who were tested. Make recommendations for retests or other medical follow-up as indicated.
<b>Future Activities and Tasks</b>
Attend meetings as needed and requested. Continue to contact target properties and provide arsenic testing as requested.



**VB/I-70 Community Health Program  
May and June 2006 Status Report  
Subcommittee Report**

<b>Biomonitoring Subcommittee</b>	
US EPA Region VIII	Wendy O'Brien or alternate
DEH	Gene Hook
DHHA	Marti Potter
	Linda Kauffman
CDPHE	Mishelle Macias – <b>co chair, Lead</b>
	Jane Mitchell – <b>co chair, Arsenic</b>
Community Technical Advisor	Michael Kosnett, MD (CEASE)
ATSDR	Chris Poulet
DHHA	Paul Melinkovich, MD
PEHSU	Mark Anderson, MD

<b>Biomonitoring Subcommittee Tasks</b>
<ol style="list-style-type: none"> <li>1. Identify and select preferred biological media and test methods for arsenic and lead biomonitoring. <b>Complete</b></li> <li>2. Recommend preferred methodologies for biological sample collection. <b>Complete</b></li> <li>3. Develop a quality assurance/quality control plan for biomonitoring program.</li> <li>4. Identify and evaluate suitable laboratory protocols and assist with selection of acceptable analytical laboratories with a demonstrated ability to meet program data quality requirements. <b>Complete</b></li> <li>5. Develop required consent agreements to provide informed consent for community members considering participation in biomonitoring program. <b>Complete</b></li> <li>6. Coordinate with DHHA to address HIPPA concerns with blood lead biomonitoring activities and to provide required data confidentiality. <b>Complete</b></li> <li>7. Develop mechanisms to ensure the medical confidentiality of biomonitoring information. <b>Complete</b></li> <li>8. Ensure that appropriate state IRB reviews are conducted, if required, and coordinate with DHHA to determine need for COMIRB review. <b>Complete</b></li> <li>9. Interface with the community outreach and health education planning process as needed. <b>Complete</b></li> <li>10. Develop evaluation and reporting mechanisms, and schedule for biomonitoring issues, as requested by the steering committee. <b>Ongoing</b></li> <li>11. Report to the Steering Committee on progress, status, and issues requiring resolution. <b>Ongoing</b></li> </ol>

<b>May/June Activities and Tasks</b>
<p>Biomonitoring staff hosted a CHW training for completing clinic paperwork. In addition, staff met with DHHA staff to discuss processing and flow of documentation and samples between CDPHE, Medtox, and DHHA. A final biomonitoring clinic schedule for the 2006 field season was confirmed by NDHC, incorporating a monthly clinic during June, July and August, and a concentrated clinic effort (8 clinics) in September. Targeted in-home testing for arsenic and a pilot of a small number of in-home lead tests has begun. This pilot is time intensive with varied results. For example, out of 180 children eligible for lead testing based on the number of children residing</p>

in a home ( $\geq 4$ ), only 13 children were tested. It took staff 74 attempts at multiple phone calls and letters to get these children tested.

For June 2006, 40 children were eligible for in home. Eighteen of the 40 children were targeted for lead and/ or arsenic testing. Contact data could not be obtained for several children and soil sampling data were not available for several homes. An initial attempt to contact was made for all families on the list provided by DEH for homes with high soil arsenic levels and young children living in the home. Attempts to contact and response from the families are being tracked in the pilot outreach to determine the response from the families. The June lead biomonitoring clinic at Annunciation yielded 22 children and 2 pregnant females tested.

### **July Activities and Tasks**

The biomonitoring staff plans to continue reviewing weekly targeted testing in homes of children for the lead testing pilot and for high arsenic properties.

### **Future Activities and Tasks**

Biomonitoring staff will continue to work in scheduled clinics and review effectiveness of in-home testing. Explore targeted testing for neighborhood daycares.

# Lead and Case Management Data Work Group

## Meeting Minutes

### May, 08, 2006

Present: Marti Potter - chair, Mark Anderson M.D, Mishelle Macias, Martha Hoff, Rashonda Gordon, Gene Hook, Kevin McCullen, Ingrid Cannon, Jessica Luna

<b>Issues/Decisions</b>	<b>Actions/Decisions</b>	<b>Responsible Person</b>
<b>Case Management Reports</b>	<ol style="list-style-type: none"> <li>1. Incorporated an icon for pregnant women being screened for Lead poisoning</li> <li>2. Construct a reporting schedule once the VBI-70 screening dates have been established</li> <li>3. QNS, not to be attached to a Lead level and will not affect current reports</li> <li>4. The Steering Committee requested to have the QNS verbal results included, Kevin and Martha to create a stand alone table to account for these <u>capillary verbal QNS sample results</u></li> <li>5. Martha and Kevin to reconcile discrepancies in the Case Management Reports</li> </ol>	Martha/Kevin
<b>Mapping</b>	<ol style="list-style-type: none"> <li>1. Kevin is to format maps into PowerPoint-completed, looks great!</li> <li>2. Update percentage of children &lt;6 per neighborhood</li> <li>3. VBI-70 boundaries have been confirmed and integrated</li> <li>4. Jane to complete 12hr tracking tool</li> </ol>	Kevin  Gene/Martha
<b>Case Management - Flowcharts</b>	<ol style="list-style-type: none"> <li>1. Replace NEDH with NDHC which is what the community is familiar with to maintain consistency</li> <li>2. Unknown if NDHC is aware of referrals we will be giving them</li> <li>3. 10-45, if confirmatory test result is &lt;10 include, <i>refer to NDHC</i> – if confirmatory test result is 10&gt; refer to Gene Hook</li> <li>4. &gt;45, use Urgent Care in place of PUCC</li> <li>5. &gt;45, if no contact made within 2days, refer to PCP, if client not assigned to a PCP, refer to the State</li> <li>6. &gt;45, NDHC wants notification of no shows and clients whom have not had a confirmatory Lead test completed</li> </ol>	Jessica  Martha
<b>Lead Flowchart</b>	<ol style="list-style-type: none"> <li>1. Change <i>Page to Dr.</i> to <i>Contact PCP</i> under &gt; 45</li> </ol>	
<b>Patient Case Management Letter</b>	<ol style="list-style-type: none"> <li>1. Letters have been finalized and sent for translation</li> </ol>	Marti

<b>Patient Education Materials – DHHA “Lead Poisoning”</b>	<ol style="list-style-type: none"> <li>1. Marti submitted changes, “Lead Poisoning” patient information modified 04/2006</li> <li>2. Propose additional amendments <ul style="list-style-type: none"> <li>• Emphasize <u>learning problems</u> at low Lead exposure in the first paragraph</li> <li>• Remove <u>very high</u> (Some general signs and symptoms of <u>very high lead poisoning</u> are:)</li> <li>• Place learning problems at the beginning of the list of signs and symptoms</li> </ul> </li> </ol>	
<b>Patient Education Materials – Information sent/given to clients</b>	<ol style="list-style-type: none"> <li>1. Rashonda, Mishelle and Gene to collaborate on what brochures, information sheets, etc... each one allocates to prevent duplication and to ensure the most up to date information is being distributed</li> </ol>	

**NEXT MEETING**  
**June 8, 2006 12n-1pm**  
**CHS Large Conference Room**

# Lead and Case Management Data Work Group

## Meeting Minutes

### June 12, 2006

**Present:** Marti Potter - chair, Mishelle Macias, Martha Hoff, Rashonda Gordon, Kevin McCullen, Jessica Luna (minutes)

<b>Issues/Discussions</b>	<b>Actions/Decisions</b>
<b>Case Management Reports</b>	<ol style="list-style-type: none"> <li>1. Reports to be run monthly <ul style="list-style-type: none"> <li>➤ Martha and Kevin to reconcile any discrepancies</li> </ul> </li> <li>2. Compile two reports, accumulative and seasonal <ul style="list-style-type: none"> <li>➤ Include data date range on reports</li> </ul> </li> <li>3. Gene to provide Kevin with investigation data to incorporate into reports. Kevin will update reports and submit to Martha</li> </ol>
<b>Mapping</b>	<ol style="list-style-type: none"> <li>1. Jane to track clients for the 12hr rule <ul style="list-style-type: none"> <li>➤ Kevin no longer has to create a tool in the DHHA Lead Database to track these clients</li> <li>➤ Kevin and Jane to collaborate on when and how to use the 12hr criteria</li> </ul> </li> <li>2. 12hr children will not be tagged in the maps, will be in data tables</li> </ol>
<b>Case Management-Flowcharts</b>	<ol style="list-style-type: none"> <li>1. Final draft completed</li> </ol>
<b>Lead Flowchart</b>	<ol style="list-style-type: none"> <li>1. Final draft completed</li> </ol>
<b>Patient and Case Management Letters</b>	<ol style="list-style-type: none"> <li>1. Letters have been translated</li> <li>2. Jessica needs to make some last minute adjustments before they can be sent to patients</li> </ol>
<b>Patient Education Materials-DHHA "Lead Poisoning"</b>	<ol style="list-style-type: none"> <li>1. Marti to submit and track amendments from the previous meeting</li> </ol>
<b>Patient Education Materials-Information sent/give to clients</b>	<ol style="list-style-type: none"> <li>1. DHHA will sent out <ul style="list-style-type: none"> <li>➤ NDHC brochure</li> <li>➤ DHHA Lead education sheet</li> <li>➤ VBI-70 screening schedule</li> <li>➤ Letter with results</li> </ul> </li> <li>2. Martha and Rashonda to make arrangements for Rashonda to pick up NDHC brochures</li> </ol>
	<b>!!!!!! No Meeting In July !!!!!!</b>

**NEXT MEETING**  
**August 14, 2006 12n-1pm CHS Large Conference Room**

**VB I-70 Interior Paint Testing  
Progress Report to Accompany Invoice #2  
June 29, 2006  
Northeast Denver Housing Center (NDHC)  
[Wendy Hawthorne – NDHC]**

**Units Completed**

As reported in the last progress report, there were eleven eligible units for interior paint testing that had been identified during 2004/5 blood testing seasons. During this billing period, we completed the investigations on the final four units from this period.

The occupants of these units have been provided with a report and information on lead-safe work practices and lead poisoning prevention. Lead based paint hazards were found in three of the units. The table below shows the types of hazards found.

Types of hazards found	
	Number of units
Paint hazards	1
Dust hazards	1
Soil hazards*	1
# of children under six	10

\* samples collected using funding other than VB-I70.

A cleaning kit was provided to the occupants of the unit with the dust hazards. Cleaning was performed and the area was re-sampled. The results after cleaning were still above the hazard level, so we are working with the owners to enter into our full lead hazard control program.